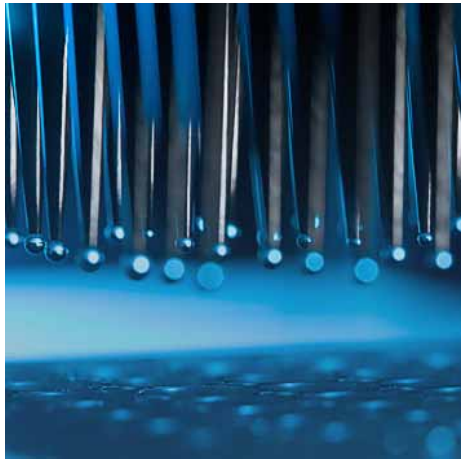
EXHIBIT 1

InterMune®

Analyst Day

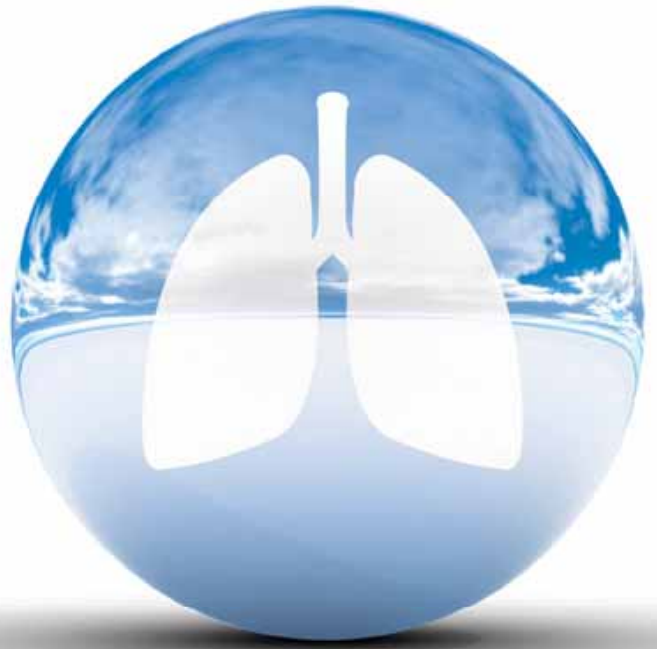
May 26, 2011

Innovative Medicines for Pulmonology and Fibrotic Diseases

INTERMUNE

Dan Welch

Chairman, CEO and President



Esbriet Launch in Europe – Overview

» **Esbriet is expected to become a very successful brand in Europe**

- Large market — and growing
- Significant unmet medical need
- First-mover advantage
- Orphan Drug pricing and reimbursement expected
- Strong KOL support for Esbriet

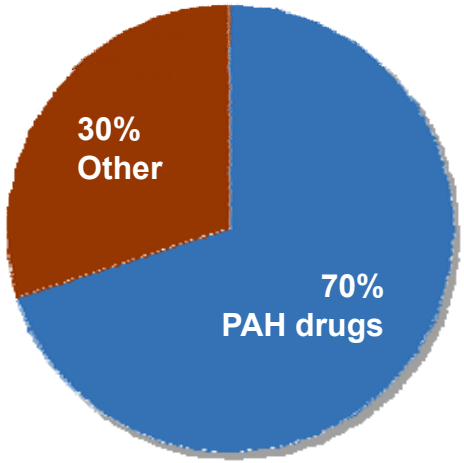
» **This success will be realized progressively**

- EU launch of new product takes 1-2 years from MAA approval
- Pricing/ Reimbursement processes dictate launch timing
- Peak revenues tend to occur later than in USA

PAH Drugs / Tracleer Considered the Most Appropriate Analog for Pirfenidone

KOLS

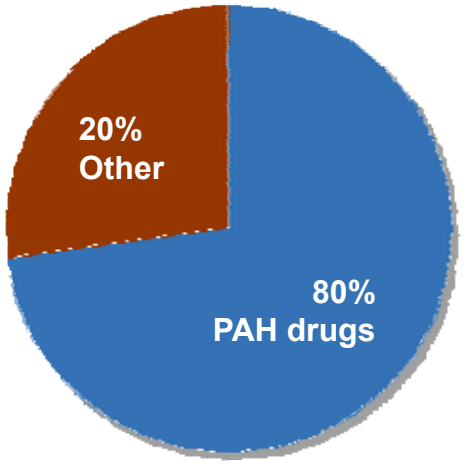
Most logical price comparator for pirfenidone



85% of experts considering PAH drugs referred to **Tracleer** as the most logical price comparator

Payers

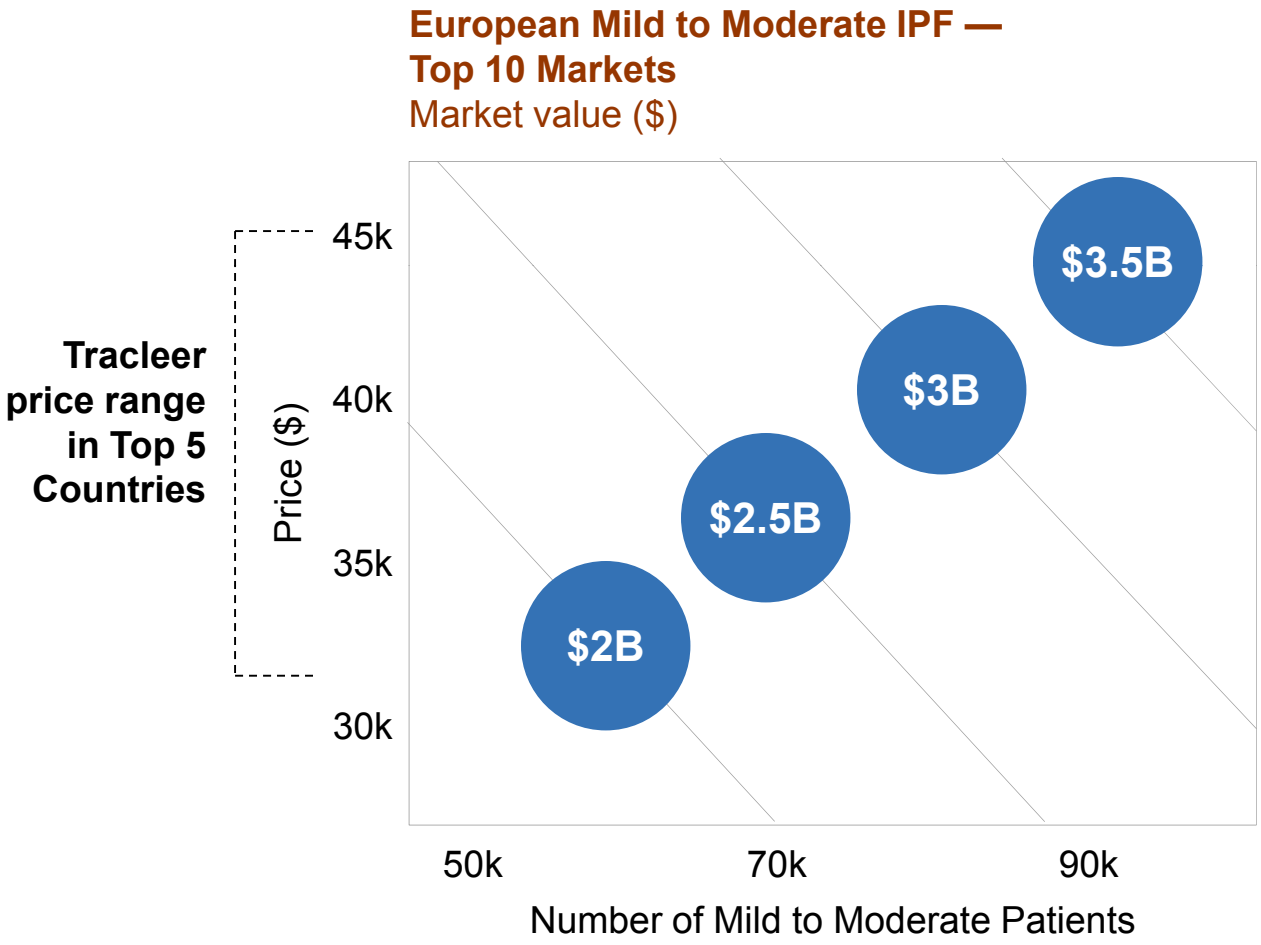
Most logical price comparator for pirfenidone



75% of payers considering PAH drugs referred to **Tracleer** as the most logical price comparator

Source: Simon-Kucher & Partners analysis, research with payers and KOLs Q4 2010

Significant IPF Market Potential



Pricing and Reimbursement Process Determines Timing of Entry in Most EU Markets

	EU Approval	National Pricing & Reimbursement	Regional Reimbursement
France		Launch	
Germany	Launch		✓
Italy, Spain		Launch	✓
UK		Launch	✓

Overview of Pricing and Reimbursement in Top 5 EU Countries

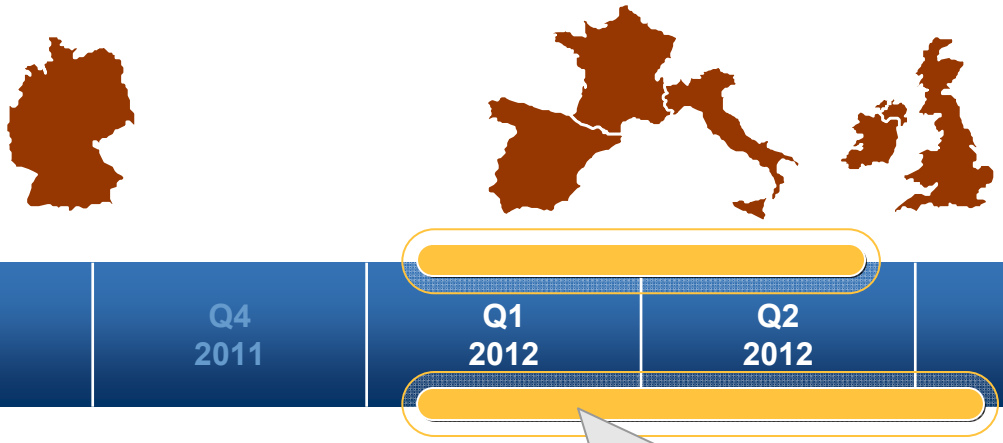
	France	Germany	Italy	Spain	UK
P&R negotiation before launch	Y	N*	Y	Y	Y (in practice)
Principal assessment entity	AFSSAPS (HAS, CEPS)	'G-BA' and 'GKV-SB'	AIFA	AEMPS, DGFPS	DH (NICE, SMC, AWMSG)
Innovation metric considered	Y – ASMR	Y – but not for Orphan	Y (local access)	N	N
Regional controls on access	-	+	++	++	+++
Cost-effectiveness	N	N	N	N	Y
Time from MAA approval to national access	2-21 mo.	0 mo.	2-27 mo.	1-25 mo.	12-18 mo. (estimate)

*12 months after launch

Key Regional Players and Role

Country	Regional Players	Examples	Role	Comment
France	29 CHUs: » 1 Nat'l Ref Center » 9 Comp. Centers » Other 19 CHUs	» Lyon » Avicenne, Bichat…	Clinical and research role	Potential Dx and Rx roles
Germany	Regional insurance – over 150 Statutory Health Funds	» AOK (24M members) » Barmer/GEK » IKK	Provide reimbursement to the insured	Adjustments post-national price
Italy	22 Regions and Autonomous Provinces	Lombardia, Lazio, Toscana, Prov. Trento…	Provide access; may negotiate discounts	Role is variable. Access is automatic with no discount if "Innovative Drug"
Spain	17 Regions (7 regional HTA agencies/services)	Andalusia, Cataluña, Galicia	May perform Tech. Assessment. May negotiate access/ discounts	Role is variable
UK	>150 Primary Care Trusts (PCTs)	—	PCTs fund services and drugs	Regional Prescribing Advising Groups (RPAGs) may provide advice to PCTs on place of drug in therapy while waiting for NICE decision

Esbriet® Launch Sequence in EU



Esbriet® launched in "Next 5"
Marketed in nearly all of the "EU10" by approximately mid-2012

- Typical launch phase for E.U. orphan drugs lasts ~1.5 years
- Currently anticipate to launch in "TOP 5" between Q3 2011 and Q2 2012
- Will pursue launch in "Next 5" countries simultaneously

EXHIBIT 2

Subject: **Hit Reports**

From: Amir Amiri
Extension: 35860

12/28/2012 04:48 PM

To: Gary Bornstein

Cc: Katherine S Ritchey, Andrew Englander

Gary,

Katherine has very limited access to email and no internet, and has not directly been able to look at the hit reports we have generated for InterMune's proposed search terms. She asked me to send this email based on our representation on 12/21 that we would try to get you preliminary data by today on burden for the search terms you added on 12/13.

As you know, we had agreed to search terms proposed by InterMune on 12/12. You broadened the terms on 12/13, which for the first time created a significant risk that we may have a dispute. We started assessing burden immediately. On 12/19, you added still more proposed search terms, which expanded and complicated the analysis for Shionogi custodians.

We have conducted a preliminary analysis, which focuses on the actual documents that may hit search terms. Based on this preliminary information, we currently do not expect to assert a burden objection, although reserve the right to do so based on further information. Moreover, for all search terms, including the previously undisputed terms and those newly added, we will continue to monitor available information (such as responsiveness rates and other metrics). Should further modifications to search terms be supported by data, we will meet and confer about proposed changes.

We encourage InterMune to adopt a similar approach, which focuses on data, including hit rates, unique hit rates, responsiveness rates and other relevant metrics. We have not received further burden data from InterMune in the last week, so assume nothing further will be presented for the first time in your opposition papers on Monday. In light of the expedited schedule, it would be useful if you can email us whatever you will file when it is available.

Thank you,

Amir

JONES DAY

Amir Q. Amiri
Associate: Business and Tort Litigation

San Francisco Office
555 California Street
26th Floor
San Francisco, CA 94104.1500

415.875.5860 **Direct**
415.963.6850 **Fax**

aamiri@jonesday.com

EXHIBIT 3

News Release

InterMune Reports Third Quarter 2012 Financial Results And Business Highlights

BRISBANE, Calif., Nov. 7, 2012 /PRNewswire/ -- InterMune, Inc. (NASDAQ: ITMN) today announced results from operations for the third quarter and nine months ended September 30, 2012.

(Logo: http://photos.prnewswire.com/prnh/20120827/SF62570LOGO)

InterMune reported Esbriet® (pirfenidone) net revenue in the third quarter of 2012 of $7.5 million, approximately 91 percent of which was from Germany, which was the first country in which Esbriet was launched in September 2011. Esbriet revenue was $0.1 million in the third quarter of 2011 which reflected less than one month's revenue of Esbriet from Germany. Esbriet is InterMune's product marketed in Europe for adults with mild-to-moderate idiopathic pulmonary fibrosis (IPF), a chronic and ultimately fatal disease of the lungs.

Dan Welch, Chairman, Chief Executive Officer and President of InterMune said, "We are pleased to report this quarter many important accomplishments by our European and Canadian businesses and continued sequential quarterly growth in Esbriet sales since its first launch in Europe in September of 2011."

Mr. Welch continued, "With continued successful completion of the pricing and reimbursement processes and Esbriet launches throughout Europe over the coming months, along with the planned launch of Esbriet in Canada on January 1, 2013, we have begun a period of sustained annual sales growth. We also expect that our ASCEND Phase 3 study, which is nearing full enrollment, will lead to positive top-line data in the first half of 2014 and the launch of Esbriet in the U.S., providing further acceleration of our sales growth."

Esbriet® (pirfenidone) Third Quarter Accomplishments and Recent Highlights

On September 11, 2012, InterMune announced that the final procedural step for French pricing and reimbursement of Esbriet had been completed. The company expects the commercial launch of Esbriet in France in the second half of November 2012.

On October 2, 2012, InterMune announced that Health Canada had approved Esbriet for the treatment of mild to moderate IPF in adult patients. IPF affects approximately 5,000 to 8,000 Canadians. InterMune expects to make Esbriet available in Canada starting January 1, 2013 with a commercial organization of approximately 18 to 20 in Canada at the time of launch, including a field force of 10. Approximately one-third of IPF patients in Canada are covered by private insurance and InterMune expects to secure coverage from substantially all of the private insurance plans in the first half of 2013. Public (provincial) drug reimbursement plans cover approximately two-thirds of IPF patients and reimbursement from these plans is typically secured within 12 to 18 months of marketing approval.

InterMune today announced that the company secured Esbriet pricing and reimbursement in Belgium effective December 1, 2012 and plans to launch Esbriet there in early 2013. The Belgian annualized price of Esbriet is €30,240, or $36,533 at current exchange rates.

InterMune has now concluded successful pricing and reimbursement discussions in nine European countries: Austria, Belgium, Denmark, France, Germany, Iceland, Luxembourg, Norway and Sweden.

InterMune today provided an update on the on-going pricing and reimbursement processes for Esbriet in the various European countries:

Italy – The company announced today that Esbriet successfully passed the Italian Technical-Scientific Commission review in October. The company expects to conclude the pricing and reimbursement process in December of 2012 and plans to launch Esbriet in Italy as soon as possible after the process is successfully concluded and various authorizations are secured.

Spain – Considering a Royal Decree introduced in 2012 affecting health care expenditures and pharmaceuticals, and the continuing economic challenges of the country, forecasting of the timing of pricing and reimbursement decisions has become more challenging for all manufacturers. As a result, InterMune currently believes that it is more likely that a decision regarding

pricing and reimbursement of Esbriet in Spain will occur in the first half of 2013 than in the fourth quarter of this year.
The UK – InterMune today confirmed its previous guidance that the appraisal by the National Institute for Health and Clinical Excellence (NICE) is expected to be completed in March of 2013. If NICE provides a positive appraisal for Esbriet, the company expects to launch Esbriet as soon as possible thereafter.
Mid-Sized Countries (MSC) – In addition to the seven MSC for which Esbriet pricing has been secured, the company expects to conclude pricing and reimbursement processes in the remaining three MSC of Netherlands, Finland and Ireland in the first half of 2013 and launch as soon as possible thereafter, assuming that acceptable pricing and reimbursement conditions are negotiated in these countries.
InterMune confirmed its earlier guidance that it expects to have launched Esbriet in all top 5 markets and 10 mid-sized markets in Europe, comprising 75 percent of the EU population and 80-85 percent of the European pharmaceutical market, in the second quarter of 2013, assuming acceptable pricing and reimbursement is secured.
Enrollment of InterMune's Phase 3 pirfenidone study, ASCEND, in the United States and certain additional territories continues to proceed according to plans. The company expects the study to be fully enrolled around the end of 2012, and that results from the study will be available in the first half of 2014. ASCEND is a double-blind, placebo-controlled trial of 52 weeks duration with a primary endpoint of change in forced vital capacity (FVC) between baseline and Week 52. The trial is planned to enroll approximately 500 IPF patients with mild-to-moderate impairment in lung function and certain characteristics that the company believes enhance the probability of a successful study outcome.

Third Quarter and First Nine Months 2012 Financial Results (Unaudited)
InterMune reported total revenue in the third quarter of 2012 of $7.5 million, compared with $0.1 million in the third quarter of 2011. Third quarter 2012 revenue included $0.5 million of favorable adjustments to revenue primarily related to favorable foreign exchange fluctuations. InterMune reported total revenue for the first nine months of 2012 of $18.0 million, compared with $2.7 million in the first nine months of 2011. Revenue was almost entirely from sales of Esbriet in Germany, as active promotion in the largest of the mid-sized countries for which pricing and reimbursement is approved began in September of 2012. Included in the third quarter 2012 results was the effect of the approximate 11 percent German price decrease of Esbriet, which became effective on September 15, 2012 as previously announced. Total revenue in the first nine months of 2011 included $2.6 million of revenue from the company's research collaboration with Roche, which was completed in June 2011.

Research and development (R&D) expenses in the third quarter of 2012 were $26.2 million, compared with $17.0 million in the third quarter of 2011, an increase of 54 percent. R&D expenses were $74.6 million for the nine months ended September 30, 2012, compared with $54.0 million in the same period of 2011, an increase of 38 percent. Higher R&D expenses in both the three- and nine-month periods of 2012, compared with the same periods in 2011, reflect expenses related to conduct of the ASCEND trial, which was initiated in July 2011.

Selling, general and administrative (SG&A) expenses were $23.8 million in the third quarter of 2012, relatively unchanged from $23.7 million in the same quarter of 2011. SG&A expenses were $75.7 million in the first nine months of 2012, an increase of 21 percent from $62.7 million in the comparable nine-month period of 2011. The increased spending for the nine-month period in 2012, compared with the same period in 2011, is primarily attributable to the creation of InterMune's European infrastructure and investments in the launch and pre-launches of Esbriet in Germany and other European countries.

Net loss for the third quarter of 2012 was $45.4 million, or $0.70 per share, compared with a net loss of $38.2 million, or $0.63 per share, in the same quarter of 2011. Net loss for the first nine months of 2012 was $91.5 million, or $1.41 per share, compared with a net loss of $110.2 million, or $1.88 per share, in the first nine months of 2011. Per share amounts in the first nine months included gains from the role of Actimmune® (interferon gamma-1b) in discontinued operations of $0.82 per share and $0.14 per share in 2012 and 2011, respectively.

As a result of the June 19, 2012 divestiture of Actimmune, historical Actimmune revenue, cost of goods sold and operating costs are reported in discontinued operations in this and future financial statements and therefore do not appear in the comparisons above regarding on-going operations.

As of September 30, 2012, InterMune had cash, cash equivalents and available-for-sale securities of approximately $351.4 million.

Guidance for 2012 Revenue and Expenses
Considering the proximity to year-end 2012, the company today provided greater precision regarding its forward-looking guidance for Esbriet revenue and operating expense guidance for 2012:

Esbriet revenue: currently anticipated to be in a range of $20 to $25 million. The company anticipates that full-year revenue

will be at or slightly above the high end of the range.
R&D expense: currently anticipated to be in a range of $90 to $105 million. The company anticipates that full-year R&D expenses will be at the high end of the range.
SG&A expense: currently anticipated to be in a range of $110 to $130 million. The company anticipates that full-year SG&A expenses will be at the low end of the range.
Total Operating Expenses (R&D and SG&A): currently anticipated to be in a range of $200 to $235 million.

Conference Call and Webcast Details
InterMune will host a live webcast of a conference call today at 4:30 p.m. EST to discuss business highlights and financial results for the third quarter and first nine months of 2012. Interested investors and others may participate in the conference call by dialing 800-891-8257 (U.S.) or +1-212-271-4651 (international), conference ID# 21610043. A replay of the webcast and teleconference will be available approximately three hours after the call.

To access the webcast, please log on to the company's website at www.intermune.com at least 15 minutes prior to the start of the call to ensure adequate time for any software downloads that may be required.

A telephonic replay will be available for 10 business days following the call and can be accessed by dialing 800-633-8284 (U.S.) or +1 402-977-9140 (international), and entering conference ID# 21610043. The webcast will remain available on the company's website until the next earnings call.

About InterMune
InterMune is a biotechnology company focused on the research, development and commercialization of innovative therapies in pulmonology and orphan fibrotic diseases. In pulmonology, the company is focused on therapies for the treatment of idiopathic pulmonary fibrosis (IPF), a progressive and fatal lung disease. Pirfenidone, the only medicine approved for IPF anywhere in the world, is approved for marketing by InterMune in the EU and Canada as Esbriet® and is currently in a Phase 3 clinical trial to support regulatory registration in the United States. InterMune's research programs are focused on the discovery of targeted, small-molecule therapeutics and biomarkers to treat and monitor serious pulmonary and fibrotic diseases. For additional information about InterMune and its R&D pipeline, please visit www.intermune.com.

Forward-Looking Statements
This news release contains forward-looking statements within the meaning of section 21E of the Securities Exchange Act of 1934, as amended, that reflect InterMune's judgment and involve risks and uncertainties as of the date of this release, including without limitation our expectation regarding continued growth of Esbriet revenues in Germany, other EU countries and Canada, our anticipated timing of concluding pricing and reimbursement discussions and/or initiating commercial launches for Esbriet in Canada, France, Italy, Spain, the United Kingdom and other EU countries, the estimated size of the patient population in Canada suffering from IPF and our expectations with respect to Canada of securing coverage from private insurance plans and reimbursement from public (provincial) drug reimbursement plans including the timing thereof, our expectations regarding headcount in our Canadian commercial organization and the functions of such personnel, and our expectation regarding the timing and nature of full enrollment in, and results of, the ASCEND study and the prospects of success thereof. All forward-looking statements and other information included in this press release are based on information available to InterMune as of the date hereof, and InterMune assumes no obligation to update any such forward-looking statements or information. InterMune's actual results could differ materially from those described in InterMune's forward-looking statements.

Other factors that could cause or contribute to such differences include, but are not limited to, those discussed in detail under the heading "Risk Factors" in InterMune's most recent annual report on Form 10-K filed with the Securities and Exchange Commission (SEC) on February 29, 2012 (the "Form 10-K"), most recent quarterly report on Form 10-Q filed with the SEC on August 8, 2012 (the "Form 10-Q"), and other periodic reports filed with the SEC, including but not limited to the following: (i) the risks related to the uncertain, lengthy and expensive clinical development process for the company's product candidates, including having no unexpected safety, toxicology, clinical or other issues and having no unexpected clinical trial results such as unexpected new clinical data and unexpected additional analysis of existing clinical data; (ii) risks related to the regulatory process for the company's product candidates, including the possibility that the results of the new 52-week Phase 3 clinical trial (ASCEND) having an FVC endpoint may not be satisfactory to the FDA for InterMune to receive regulatory approval for pirfenidone in the United States; (iii) risks related to unexpected regulatory actions or delays or government regulation generally; (iv) risks related to the company's manufacturing strategy, which relies on third-party manufacturers and which exposes InterMune to additional risks where it may lose potential revenue; (v) government, industry and general public pricing pressures; (vi) risks related to our ability to successfully launch and commercialize Esbriet in the EU and Canada, including successfully establishing a commercial operation in the EU and Canada and receiving favorable governmental pricing and reimbursement approvals in each EU country and securing coverage from private insurance plans and reimbursement from

public (provincial) drug reimbursement plans in Canada; and (vii) InterMune's ability to obtain or maintain patent or other proprietary intellectual property protections. The risks and other factors discussed above should be considered only in connection with the fully discussed risks and other factors discussed in detail in the Form 10-K, Form 10-Q and InterMune's other periodic reports filed with the SEC, all of which are available via InterMune's web site at www.intermune.com.

Esbriet® is a registered trademark of InterMune, Inc.

Financial tables follow:

InterMune, Inc.
PRELIMINARY CONDENSED CONSOLIDATED STATEMENTS OF OPERATIONS
(unaudited, in thousands, except per share amounts)

	Three Months Ended September 30,		Nine Months Ended September 30,	
	2012	2011	2012	2011
Revenue, net				
Esbriet	$ 7,534	$ 118	$ 17,952	$ 118
Collaboration revenue	-	0	-	2,629
Total revenue, net	7,534	118	17,952	2,747
Costs and expenses:				
Cost of goods sold	2,017	385	6,200	385
Research and development	26,175	17,045	74,553	53,967
Selling, general and administrative	23,754	23,652	75,680	62,661
Total costs and expenses	51,946	41,082	156,433	117,013
Loss from operations	(44,412)	(40,964)	(138,481)	(114,266)
Interest income	148	131	452	390
Interest expense	(2,031)	(1,281)	(6,473)	(4,154)
Other income (expense)	975	(227)	(149)	(322)
Loss from operations before income taxes	(45,320)	(42,341)	(144,651)	(118,352)
Income tax expense	192	-	326	-
Loss from continuing operations	(45,512)	(42,341)	(144,977)	(118,352)
Discontinued operations:				
Income from discontinued operations	132	4,097	2,125	8,111
Gain on sale of discontinued operations	-	-	51,335	-
Income from discontinued operations	132	4,097	53,460	8,111
Net loss	$ (45,380)	$ (38,244)	$ (91,517)	$ (110,241)
Basic and diluted net income (loss) per common share:				
Continuing operations	(0.70)	(0.70)	(2.23)	(2.02)
Discontinued operations	0.00	0.07	0.82	0.14
	$ (0.70)	$ (0.63)	$ (1.41)	$ (1.88)
Shares used in computing basic and diluted net loss per share	65,183	60,467	64,966	58,599

InterMune, Inc.
PRELIMINARY CONDENSED CONSOLIDATED BALANCE SHEETS
(unaudited, in thousands)

	September 30, 2012	December 31, 2011
Cash, cash equivalents and available-for-sale securities	$ 351,404	$ 425,110
Acquired product rights, net	18,500	19,250
Other assets	32,090	28,263
Total assets	$ 401,994	$ 472,623
Total other liabilities	$ 41,238	$ 34,205
Convertible notes	240,250	240,250
Stockholders' equity	120,506	198,168
Total liabilities and stockholders' equity	$ 401,994	$ 472,623

SOURCE InterMune, Inc.

Jim Goff, InterMune, Inc., +1-415-466-2228, jgoff@intermune.com

EXHIBIT 4

News Release

InterMune Reports Preliminary Fourth Quarter 2012 Esbriet® (pirfenidone) Revenue And Other Recent Business Highlights

- Reports Full Enrollment of Phase 3 ASCEND Trial -
- Provides 2013 Revenue Guidance for Esbriet® -

BRISBANE, Calif., Jan. 3, 2013 /PRNewswire/ -- InterMune, Inc. (NASDAQ: ITMN) today announced unaudited net sales of Esbriet® (pirfenidone) for the fourth quarter ended December 31, 2012. The Company also highlighted recent business and clinical development activities, including completion of enrollment in the Phase 3 ASCEND trial, and provided forward-looking revenue and expense guidance for 2013.

(Logo: http://photos.prnewswire.com/prnh/20120827/SF62570LOGO)

Dan Welch, Chairman, Chief Executive Officer and President of InterMune said, "We are very pleased with our progress in 2012. Our product Esbriet for the treatment of patients with IPF is now commercially available in nine of our targeted 15 European countries and as of yesterday, in Canada.

"Esbriet revenues increased by 9 percent to approximately $8.2 million in the fourth quarter from $7.5 million in the third quarter of 2012," Mr. Welch continued. "As explained on our Third Quarter 2012 earnings call, third quarter Esbriet revenue of $7.5 million included approximately $0.5 million of favorable accounting adjustments. Fourth quarter revenue reflected a full quarter of the expected 11 percent price *decrease* in Germany. Taking into account these two factors, the underlying quarterly growth in Esbriet sales was significantly stronger than 9 percent."

Mr. Welch continued, "The forward-looking revenue guidance we are providing today indicates that we expect Esbriet to show consistent growth and become a very meaningful brand in Europe and Canada in the coming years. With today's announcement regarding the completion of patient enrollment in the ASCEND trial to support regulatory approval in the United States, we are closing in on the attractive U.S. market and are now preparing for the U.S. launch of Esbriet, subject to a favorable outcome of ASCEND and FDA approval."

2012 Highlights

InterMune noted the following achievements in 2012:

Esbriet is now attractively priced and launched in nine of the Company's 15 targeted European countries including the two largest EU markets, Germany and France.
Strong pricing and reimbursement progress was made in the remaining six targeted European countries.
The Esbriet launch in Germany is among the Top 5 most successful orphan drug launches in that country.
Full-year 2012 Esbriet revenues were above the high end of the Company's revenue guidance.
Esbriet is now approved and launched in Canada – the world's ninth largest pharmaceutical market.
Enrollment was completed for the Company's pivotal Phase 3 trial – "ASCEND" for the U.S. market.

Esbriet Fourth Quarter and Full Year Unaudited Net Sales

Unaudited net sales of Esbriet during the fourth quarter of 2012 totaled approximately $8.2 million. Unaudited net sales of Esbriet totaled approximately $26.1 million for the full-year of 2012, consistent with the Company's guidance on its Third Quarter 2012 earnings call of revenue being at or slightly above the high end of a range of $20-$25 million. Fourth quarter 2012 revenue includes the impact of a full quarter's effect of the approximate 11 percent expected price decrease of Esbriet in Germany, which became effective on September 15, 2012.

Guidance for 2012 Operating Expenses

The Company updated its financial guidance for 2012 operating expenses:

R&D Expense: anticipated to be in a range of approximately $100 to $105 million; previously estimated during InterMune's Third Quarter 2012 earnings call to be at the high end of the range of $90 to $105 million.
SG&A Expense: anticipated to be in a range of approximately $105 to $110 million; previously estimated during InterMune's Third Quarter 2012 earnings call to be at the low end of the range of $110 to $130 million.
Total Operating Expenses (R&D and SG&A): anticipated to be in a range of approximately $205 to $215 million; compared to the previously projected range announced during InterMune's Third Quarter 2012 earnings call of $200 to $235 million.
2013 Milestones

InterMune provided the following information with respect to anticipated milestones and events in 2013:

European Launch of Esbriet

The Company has launched Esbriet in nine of its Top 15 targeted European countries and anticipates that in 2013, Esbriet will be marketed in all 15 of its targeted EU markets, assuming acceptable pricing and reimbursement for Esbriet is negotiated in each remaining country:

The Company currently expects to conclude pricing and reimbursement discussions regarding Esbriet in Italy in Q1 2013 and Spain by mid-2013 and to launch Esbriet in those countries as soon as possible after pricing and reimbursement is concluded. In both of these countries, several quarters are needed after national reimbursement is secured to address regional reimbursement procedures before complete patient access to Esbriet is achieved.
The review of Esbriet by the National Institute for Clinical Excellence (NICE) in the UK is expected to conclude in March 2013. In November of 2012, the preliminary assessment of Esbriet completed by NICE was unsupportive of Esbriet reimbursement and the Company is in the process of addressing various outstanding issues in the NICE preliminary assessment. If NICE decides in March to support the reimbursement of Esbriet, the Company currently expects to launch the product as soon as possible with a target to complete the launch in the second quarter of 2013.
The Company anticipates launches of Esbriet by mid-2013 in several so-called mid-sized countries – Belgium, Netherlands, Finland and Ireland. The first of these, Belgium, began its full launch on January 2.
InterMune currently has 118 employees in Europe and plans to expand its European commercial infrastructure to support expected launches in the remaining six targeted European countries. The Company currently expects to have between 200 and 220 employees in Europe by the end of 2013, assuming that all country launches of Esbriet occur as currently planned and the company expands its distribution beyond the Top 15 countries.
North America: ASCEND, U.S. Pre-Launch Preparations and Canadian Launch

InterMune today announced that the full-enrollment target of 500 randomized patients for ASCEND was achieved in December 2012. ASCEND is the Company's Phase 3 clinical trial to further evaluate pirfenidone as a treatment for patients with idiopathic pulmonary fibrosis (IPF), and to support regulatory approval in the United States. InterMune noted there has been strong interest from investigators and a large number of patients entered screening in the last two months; these patients will be allowed to continue the screening process in ASCEND and the last patient is expected to be randomized on or before January 9, 2013. The ASCEND trial design includes a 52-week treatment period, followed by a five-week safety follow-up. Top-line results from ASCEND currently are expected in the second quarter of 2014. (See "About ASCEND" section for details of the study)

In 2013, InterMune currently plans to begin building its U.S. commercial infrastructure and begin pre-launch preparations for Esbriet.

The Company announced today that it began the launch of Esbriet in Canada on January 2. As communicated earlier, up to six months are needed to secure coverage for new medicines from the major private insurance companies in Canada and, on average, about 18 months are needed to secure reimbursement from all ten provincial governments that reimburse the majority of medicines in Canada.

Guidance for 2013 Revenue and Operating Expenses

The Company provided its forward-looking financial guidance for Esbriet revenue and operating expenses in 2013:

Esbriet revenue: currently projected to be in a range of **$**40 to $70 million. This includes projected revenue in a range of $40 to $55 million in countries where Esbriet is currently launched (Germany, France, Canada and seven mid-sized European countries), and projected revenue in a range of $0 to $15 million in countries where Esbriet pricing and reimbursement

approval and launch is not yet concluded but is currently anticipated during 2013 (Italy, UK, Spain and three mid-sized European countries). The guidance also accounts for the projected time needed to address regional and provincial reimbursement procedures in Italy, Spain and Canada before meaningful Esbriet revenues can be achieved in all regions or provinces in these countries.
R&D expense: currently anticipated to be in a range of $100 to $120 million.
SG&A expense: currently anticipated to be in a range of $145 to $165 million.
Total Operating Expenses (R&D and SG&A): currently anticipated to be in a range of $245 to $285 million.

About ASCEND

ASCEND is a multinational, randomized, double-blind, placebo controlled Phase 3 trial designed to evaluate the safety and efficacy of Esbriet® (pirfenidone) in IPF patients with mild to moderate impairment in lung function. Patients are randomly assigned 1:1 to receive oral pirfenidone (2403 mg/day) or placebo. The primary endpoint is change in percent predicted forced vital capacity (FVC), with the primary outcome analysis a Rank ANCOVA at Week 52. The magnitude of effect will also be presented on a categorical basis as the proportion of patients with decrements of less than 0% or greater than 10% at pre-specified study time points. The study was conservatively powered by estimating the treatment effect size of pirfenidone based on the results of the intent-to-treat analysis of the pooled results of the two CAPACITY Phase 3 studies.

Key secondary endpoints include change in six-minute walk test (6MWT) distance and progression-free survival, which will be based on the earliest of time to death, FVC decrement of 10% or greater, or decrement in 6MWT distance of 50 meters or more. Additional secondary endpoints in ASCEND include all-cause mortality and on-treatment IPF-related deaths (both evaluated independently in ASCEND as well as pooled with the previous CAPACITY data), and dyspnea. Based on the relatively low mortality rate in this patient population, ASCEND is not powered for the mortality endpoint, even after pooling with CAPACITY data.

Relative to InterMune's two previous studies of pirfenidone in IPF (CAPACITY), the entry criteria for ASCEND were refined to enrich the study population for patients who are more likely to experience decline in lung function and disease progression during the study. This included modest changes to the eligibility criteria for FVC, DLco, FEV1/FVC ratio, and time since diagnosis. These changes increase the likelihood of demonstrating significant findings on multiple endpoints in ASCEND.

About Esbriet® (pirfenidone)

Esbriet is an orally active drug that inhibits the synthesis of TGF-beta, a chemical mediator that controls many cell functions including proliferation and differentiation, and plays a key role in fibrosis, or scarring, of the lung. It also inhibits the synthesis of TNF-alpha, a cytokine that is known to have an active role in inflammation.

Pirfenidone is the first and only medicine approved anywhere in the world for the treatment of IPF. Pirfenidone is approved in 29 European countries under the InterMune trade name Esbriet and in Japan and South Korea where it is marketed by Shionogi & Co. Ltd under the trade name Pirespa®. Under different trade names, pirfenidone is also approved for the treatment of IPF in China, India, and Argentina.

About IPF

Idiopathic pulmonary fibrosis (IPF) is a progressive, debilitating and ultimately fatal disease characterized predominantly by fibrosis (scarring) in the lungs, hindering the ability for gas exchange in the lungs. IPF is a progressive disease, meaning that over time, lung scarring and symptoms increase in severity. The median survival time from diagnosis is two to five years, with a five-year survival rate of approximately 20-40 percent, which makes IPF more rapidly lethal than many malignancies, including breast, ovarian and colorectal cancers. Patients diagnosed with IPF are primarily between the ages of 40 and 80, with a median age of 63 years. The disease tends to affect slightly more men than women.

About InterMune

InterMune is a biotechnology company focused on the research, development and commercialization of innovative therapies in pulmonology and orphan fibrotic diseases. In pulmonology, the Company is focused on therapies for the treatment of idiopathic pulmonary fibrosis (IPF), a progressive and fatal lung disease. Pirfenidone, the only medicine approved for IPF anywhere in the world, is approved for marketing by InterMune in the EU and Canada as Esbriet® and is currently in a Phase 3 clinical trial to support regulatory approval in the United States. InterMune's research programs are focused on the discovery of targeted, small-molecule therapeutics and biomarkers to treat and monitor serious pulmonary and fibrotic diseases. For additional information about InterMune, please visit www.intermune.com.

Forward-Looking Statements

This news release contains forward-looking statements within the meaning of section 21E of the Securities Exchange Act of 1934, as amended, that reflect InterMune's judgment and involve risks and uncertainties as of the date of this release, including without limitation the statements regarding InterMune's expectations that Esbriet will show consistent growth and become a very meaningful brand in Europe and Canada in the coming years; its anticipated full-year 2012 operating expenses; its anticipated timing of concluding pricing and reimbursement discussions and/or initiating commercial launches for Esbriet in various European countries; its expectations regarding the size of its European commercial infrastructure; InterMune's expectations regarding the timing of building its U.S. commercial infrastructure and preparations for a pre-launch of Esbriet in the U.S.; InterMune's projected revenue from sales of Esbriet and operating expenses for 2013; and its expectation regarding the timing and nature of enrollment in, and results of, the ASCEND study and the prospects of success thereof. All forward-looking statements and other information included in this press release are based on information available to InterMune as of the date hereof, and InterMune assumes no obligation to update any such forward-looking statements or information. InterMune's actual results could differ materially from those described in InterMune's forward-looking statements.

Other factors that could cause or contribute to such differences include, but are not limited to, those discussed in detail under the heading "Risk Factors" in InterMune's most recent annual report on Form 10-K filed with the Securities and Exchange Commission (SEC) on February 29, 2012 (the "Form 10-K"), most recent quarterly report on Form 10-Q filed with the SEC on November 9, 2012 (the "Form 10-Q") and other periodic reports filed with the SEC, including but not limited to the following: (i) the risks related to the uncertain, lengthy and expensive clinical development process for the Company's product candidates, including having no unexpected safety, toxicology, clinical or other issues and having no unexpected clinical trial results such as unexpected new clinical data and unexpected additional analysis of existing clinical data; (ii) risks related to the regulatory process for the Company's product candidates, including the possibility that the results of the 52-week Phase 3 clinical trial (ASCEND) having an FVC endpoint may not be satisfactory to the FDA for InterMune to receive regulatory approval for pirfenidone in the United States; (iii) risks related to unexpected regulatory actions or delays or government regulation generally; (iv) risks related to the Company's manufacturing strategy, which relies on third-party manufacturers and which exposes InterMune to additional risks where it may lose potential revenue; (v) government, industry and general public pricing pressures; (vi) risks related to our ability to successfully launch and commercialize Esbriet in the EU and Canada, including successfully establishing a commercial operation in the EU and Canada and receiving favorable governmental pricing and reimbursement approvals in each EU country and securing coverage from private insurance plans and reimbursement from public (provincial) drug reimbursement plans in Canada; and (vii) InterMune's ability to obtain or maintain patent or other proprietary intellectual property protections. The risks and other factors discussed above should be considered only in connection with the fully discussed risks and other factors discussed in detail in the Form 10-K, Form 10-Q and InterMune's other periodic reports filed with the SEC, all of which are available via InterMune's web site at www.intermune.com.

SOURCE InterMune, Inc.

Jim Goff, InterMune, Inc., +1-415-466-2228, jgoff@intermune.com